U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

i	For REC'D Only
E	CIMS DROL

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

1 / 1 / 2004 Through: 12 / 31 / 2002)

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Sudip Mukherjee	Name New York's Health&Human Service Union 1199SEIU
The second secon	Labor Organization File Number (031-847
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 214 7th Street	Street 310 West 43rd Street
City Brooklyn	City New York
State New York ZIP Code + 4 11215	State New York ZIP Code + 4 10036
5. Position in labor organization. Staff Attorney	
	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	- Armonium of the state of the
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The second secon
	7.b. Amount.
Street	
en de la companya de La companya de la co	
Street  City	
en de la companya de La companya de la co	
City State ZIP Code + 4	gnature
State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the state of the	of Perjury and other applicable penalties of the law, that all of the information unying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
State ZIP Code + 4  Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information unying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Sudip Mukherjee	File Number U-357 6		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Levy Ratner, PC			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 80 Eighth Avenue	o. Employer		
City New York			
State New York ZIP Code + 4 10011			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  The firm represents 1199SEIU.		
Name	The lim represents 11995510.		
Trade Name, if any:	<i>,</i>		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	The firm gave me a holiday gift certificate and took the 1199SEIU Legal department staff out for a holiday lunch.		
	· · · · · · · · · · · · · · · · · · ·		
	12.b. Amount. \$101		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			

14.b. Amount of payment.

Form LM-30 (2003)

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State